



*Providing nutritious protein to food banks and hunger relief organizations within Indiana
...One pound at a time*

Volunteer Application

Date: _____

Name: _____ Date of Birth: _____

Address: _____ City/ST/Zip: _____

Email: _____

Phone: _____ Alt. Phone: _____

Are you required to complete volunteer hours? Yes No

If so, what is the reason they are required? School Court-ordered Other _____

Do you have any special skills you are willing to use at Hoosiers Feeding the Hungry?

Emergency Contact Information

Name: _____ Phone: _____

Physician Name: _____ Physician Phone: _____

May we contact you to help volunteer for these opportunities?

Data entry

Distributing fliers

Attend fairs

Seek funders or grant opportunities in your area

Attend Events

Misc office work

I understand that this information may be disclosed to any party with legal and proper interest, and I release Hoosiers Feeding the Hungry from any liability whatsoever for supplying such information. I grant Hoosiers Feeding the Hungry permission to obtain a background check based on information provided. I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I am volunteering my time for personal reasons, I understand I will not receive any services or compensation for my time.

Applicant Signature: _____ Date _____



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Hoosiers Feeding the Hungry Volunteer Consent Form

Injury

I hereby accept and assume full responsibility for any injury I might suffer while volunteering at/for Hoosiers Feeding the Hungry. I also give permission to staff to seek treatment in case of injury and to take other action should medical emergency arise. I waive and release my right for damages.

Injury for Minors: I give permission to Hoosiers Feeding the Hungry to seek treatment in case of injury to my son/daughter/guardian _____ and allow them to take other action should medical emergency arise. I waive and release my right for damages.

Photo Consent

I give consent for any films, videos or photographs that may be taken of me or my child/guardian to be used by Hoosiers Feeding the Hungry in any publicity and/ or advertising programs which may be undertaken by these organizations in the conduct of their legally incorporated purposes. I release Hoosiers Feeding the Hungry from any liability in connection with the use of such materials.

Confidentiality Agreement

As a volunteer of Hoosiers Feeding the Hungry, I may see and hear confidential and sensitive information about members, employees, and Hoosiers Feeding the Hungry operations. I agree not to disclose or share such information in any manner with any unauthorized person or persons. I understand that if I share this confidential information in any manner with any unauthorized person or persons, I will be subject to disciplinary action up to and including discharge from volunteering and/or legal action. I further understand and acknowledge that my agreement to maintain the confidentiality of member agency and/or client information shall remain in full force during my volunteer assignment and at all times thereafter.

I verify that I have read the Volunteer Agreement thoroughly and agree to the volunteer guidelines listed. _____ Signature of

Volunteer/ Parent or Guardian of Volunteer Date: _____